

EXHIBIT L

POLICY NO. MPA 81 29 88

COMMERCIAL PACKAGE POLICY

☐ CONFIRMATION C. CANCELLATION☒ CONFIRMATION OF TERMINATIONHARLEYSVILLE MUTUAL INS. CO.
355 MAPLE AVENUE
HARLEYSVILLE, PA 19438

AGENT 07-3641

S. T. GOOD INSURANCE, INC.
67 CHRISTIANA ROAD
NEW CASTLE DE 19720

ADDITIONAL INTEREST

OCWEN FEDERAL BANK
P O BOX 57002
IRVINE CA 92619

You are hereby notified that in accordance with the terms and conditions of the above policy your insurance coverage ceases at and from 12:01 AM Standard Time on 06-08-2004 and the following checked condition applies: Cancellation or Termination Date

☐ A refund check in payment of the unearned portion of the paid premium is enclosed in the amount of -----
or ... has been issued to the Agent ☐ Mortgagee ☐ , or other ☐

\$
Total Refund

☐ The unpaid earned premium due the Company is hereby billed in the amount of -->
Make check payable to the Company shown at above right. If payment is not received, collection of the premium amount due will be subject to further action.

\$
Premium Due

☒ THE POLICY HAS EXPIRED. OUR RENEWAL OFFER WAS NOT TAKEN
IF THE POLICY IS SUBJECT TO AUDIT, THE PREMIUM MAY BE ADJUSTED BASED ON
POLICY AUDIT PROVISIONS.

ADDITIONAL COPY SENT TO:

INSURED

LAYNE DREXEL
1910 OLD CAPITOL TR
NEWARK DE 19711

DR 0165

06-08-2005

MAIL DATE 07-07-2004

ISSUE DATE 07-06-2004

M. D. Olden
Authorized Representative

The interest of the Loss Payee/Mortgagee will cease at the above cancellation or termination date, or
15 days from the issue date of this notice, whichever is later.

LOSS PAYEE/MORTGAGEE COPY

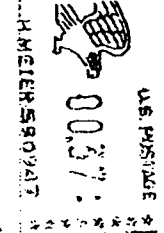
C-554 (Ed. 4-97)

Harleysville
Good people to know

Harleysville Insurance
355 Maple Avenue
Harleysville, PA 17033-2207
www.harleysvillegroup.com

Harleysville Mutual Insurance Company
Harleysville-Centennial State Insurance Company
Harleysville Insurance Company
Harleysville Insurance Company of New Jersey
Harleysville Insurance Company of New York
Harleysville Insurance Company of Ohio
Harleysville Life Insurance Company
Harleysville Mutual Insurance Company
Harleysville Mutual Insurance Company
Harleysville Mutual Insurance Company
Harleysville Mutual Insurance Company
Harleysville Mutual Insurance Company of Ohio

Important Insurance Notice - Open Immediately



FORWARDED TIME EXP. RTN TO SEND 07/13/04
PO BOX 9723 OK 45501-6723
SPRINGFIELD RETURN TO SENDER

CA

9261344

Harleysville Insurance Company

DR 0166